



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor application of: Popovic et al.

Attorney Docket No.: SMC1P003

Application No.: 09/488,141

Examiner: Singh, Ramnandan P.

Filed: January 20, 2000

Group: 2644

Title: ECHO CANCELLING/SUPPRESSION
FOR HANDSETS

5/21/03
11-2503
OK

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as first-class mail on November 10, 2003 in an envelope addressed to the Commissioner for Patents, P.O. Box 1450 Alexandria, VA 22313-1450.

Signed: _____

Kristina Gomez

**INFORMATION DISCLOSURE STATEMENT
BEFORE FINAL ACTION OR NOTICE OF ALLOWANCE
(37 CFR §§ 1.56 AND 1.97(c))**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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Technology Center 2600

Dear Sir:

The references listed in the attached PTO Form 1449, a copy of which is attached, may be material to examination of the above-identified patent application. Applicants submit this reference in compliance with their duty of disclosure pursuant to 37 CFR §§1.56 and 1.97. The Examiner is requested to make this citation of official record in this application.

This Information Disclosure Statement is not to be construed as a representation that a search has been made, that additional information material to the examination of this application does not exist, or that this reference indeed constitutes prior art.

This Information Disclosure Statement is being filed after the mailing date of the first Office Action on the merits, or after three months of the filing date of this application, whichever event occurred last, but it is believed before the mailing date of either: (i) a final action under §1.113 or (ii) a notice of allowance under §1.311, whichever occurs first.

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Accompanying this Information Disclosure Statement is

☐ a statement as specified in 37 CFR 1.97(e); or

☒ the fee set forth in 37 CFR 1.17(p).

If fees are due, enclosed is our Check No. 20579 which includes \$180.00 in payment of the Information Disclosure Statement Fee. If it is determined that any additional fees are due, the Commissioner is hereby authorized to charge such fees to Deposit Account 500388 (Order No. SMC1P003).

Respectfully submitted,

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